

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FILIO		ADULTITY ALZHEIMER		ADULTED ALZHEIMER	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2						
3						
4						
5						
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7	1					
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TOTAL IND.	2					
TOTAL DEP.	12					
TOTAL CLAIMS	14					

	AD FILIO		ADULTITY ALZHEIMER		ADULTED ALZHEIMER	
	CHD	DEP	CHD	DEP	CHD	DEP
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